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City and County Borough of



Canterbury
1951

INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

LIBRA
4 JAN 1963
TROPICAL MEDICINE

ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
AND
SCHOOL MEDICAL OFFICER

Including the Report of the
SENIOR SANITARY INSPECTOR
and the Report of the
Medical Director of the Child Guidance Clinic
for the year
1951

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MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

CITY OF CANTERBURY — 1951

Mayor :

COUNCILLOR S. H. JENNINGS, O.B.E.

Chairman—Health Committee :

COUNCILLOR W. H. CHESSELL.

Chairman—Education Committee :

ALDERMAN F. HOOKER.

Chairman—Sanitary and Licensing Committee :

ALDERMAN A. BAYNTON, O.B.E.

Town Clerk and Welfare Officer :

J. BOYLE, LL.B.

Director of Education :

N. POLMEAR, M.A.

Medical Officer of Health and School Medical Officer :

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

Medical Director, Child Guidance Clinic :

E. WHATLEY, B.Sc., M.B., M.R.C.S., L.R.C.P.

Senior Sanitary Inspector :

T. L. MARTIN, A.R.S.I., M.S.I.A.

(Details of Committee Membership and other Staff are shown at the end of the Report).

POOR PRIESTS' HOSPITAL,
CANTERBURY.
1952.

To the Mayor, Aldermen and
Councillors of the City of Canterbury.

It gives me much pleasure to present to you my Annual Report covering the year 1951. As is now usual, this includes the report of the Senior Sanitary Inspector, my report as School Medical Officer, and the report of the Child Guidance Clinic. Your staff have worked with enthusiasm and I thank them for their help and co-operation. You, Sirs, have shown a lively interest in health affairs and while you tempered my advice on the matter of a mothers' welfare clinic with discretion, you have been at all times encouraging in your confidence.

The work of your child welfare clinics would be seriously hampered were it not for the services of a small band of voluntary workers who help with the ancillary tasks, such as minding the toddlers, weighing the babies, or managing the sale of baby foods, while the health visitors concentrate their attention on interviews and advice. It would be a happy development if a voluntary committee of helpers were to develop to provide a rota of helpers and so give scope to those who like and are liked by children, to satisfy their bent in such service. Our thanks go out to our helpers at Northgate, Wincheap and Stour Street.

Towards the end of the year you considered the combination of the office of Health Visitor and School Nurse, having in mind the need to have continuity in advice and care throughout the pre-school and school years and to avoid duplication in home visiting. It is at all times important to avoid waste of time and man or woman power, and to avoid different workers covering the same ground on closely related tasks. The Welfare State has if anything increased the number of social workers, some of whom have taken over and developed or exaggerated some part of the work previously done by medico-social workers like the Health Visitor. Great care is at present required lest those who seek progress in some social, or medico-social service, develop some new form of worker, some new line of attack, in ignorance of the quality and experience of workers already in the field. The social worker with an academic qualification tends to spurn the voluntary worker, and some do not know that a health visitor is not only qualified in nursing and midwifery, but has to undergo an additional training in social work. The attitude tends to be reciprocated by the nurse or voluntary worker. Jargon creeps in to suggest a special knowledge, and co-ordination and co-operation wanes. There is in the Canterbury district a social workers group which brings together all the different workers and one wishes this group such success that it may be said "that every man heard them speak in his own language".

There is one form of words about which I wish to comment, namely a form of tenancy agreement which prohibits children. It is distressing to learn that such agreements are presented to be entered into by young couples. Here, if you like, is a denial of the freedom of individuals, a contractual form of birth control utterly opposed to the purpose of marriage. It is hoped that public opinion will scorn such tenancy agreements out of existence.

You will now, I hope, read through the pages of this report, finding interest in the detail of work done by your staff of health visitors, midwives, mental health workers and the Canterbury District Nursing Association. You will find much interest in the Senior Sanitary Inspector's report and in a description of the work of the Child Guidance Clinic, with special reference to the psychiatric social worker. The statistics in the first few pages will show you that with a high birth rate and a low death rate this Metropolitan City is very much alive, and with that hope for future prosperity I refer you to the Report.

Your obedient servant,

MALCOLM S. HARVEY.

Social Circumstances.

Probably the most important industry in the city at present is that of building. First steps have been taken in re-building the centre of the city and light industrial development is giving greater importance to the North-East, Broad Oak, area of the city. Unemployment is not great. The seasonal variation of agricultural work, especially that associated with fruit and hops, which employs married female labour, gives a fluctuating level of earnings.

A social factor of some significance is the floating population of Service-men's wives and families, some semi-permanent, some here for a very short time, many with husbands elsewhere. This absorbs the special attention of a health visitor for the barracks area, to help those young mothers with problems of child care and family budgeting. Problems of child ill-health arise in these families, derived from the insecurity and periodic uprooting and are made more difficult to solve by the lack of continuity of association with any one source of help or advice.

The time is approaching when an attack will be possible on some of the old property that has seen its day. There are no large clearance areas to be dealt with, but some little blocks or groups of houses call for consideration.

The Manager of the Employment Offices has kindly supplied the following figures for unemployment during the year 1951.

Mid. 1951	...	Men	54	(87)	Female	...	9	(17)
End of 1951	...	Men	84	(164)	Female	...	45	(94)

1950 figures in parentheses.

GENERAL AND VITAL STATISTICS FOR 1951.

The population figures disclosed by the 1951 census show an increase of 10.6% since 1931, giving a population of 27,778. The Registrar General's estimate of the population in the mid-year of 1951 is some 1,861 persons higher than the census figure, standing at 29,640, this representing the population resident at that time. It is fairly clear that the population is slowly increasing and that the rise in the figure is likely to continue. The number of inhabited dwellings shows a further increase and the rateable value also creeps up. If the increase in population since the 1931 census is compared for the five constituent districts of the East Kent United (Medical Officer of Health) District it is seen that the urban areas have shown the greatest growth: (Whitstable 28.8%, Sandwich 12.3%, Canterbury 10.6%, Bridge/Blean 5.8%, and Eastry 3.3%). Canterbury's growth has been partly a post-war recovery, but also an actual increase and the mid-year population levels show this, *i.e.*:—

1939 ...	26,430 (Total)	1949 ...	26,490
1946 ...	23,650 (Civil only)	1950 ...	27,080
1948 ...	25,370 (Civil only)	1951 ...	29,640

The number of inhabited dwellings confirm it, for whereas there were 7,226 in 1939 there are now 7,879.

The Birth Rate shows a decline comparable to the national figure and the death rate is stable. Causes of death show the usual preponderance of vascular lesions of the nervous systems and of diseases of the heart and circulation, but it is noticeable that cancer of the lungs and bronchus is advancing as a cause of death.

The detailed statistics follow:—

General:

Area: 4,702 Acres.

Number of Inhabited Dwellings (end of financial year 31.3.52, according to Rate Book): 7,879.

Rateable Value (31.3.52): £249,746.

Sum represented by penny rate: £994.5.

Registrar General's estimate of mid-year population, 1951: 29,640.

Census Population Figures:

	Male	% of Total	Female	Total
1931 ...	11,775	46.9	13,334	25,109
1951 ...	13,317	47.9	14,461	27,778
Increase	1,542		1,127	2,669

Vital:

BIRTHS:—

		Male	Female	Total
Live Births:—	Within Marriage ...	246	209	455
	Outside Marriage ...	9	11	20
	Total Live Births ...	255	220	475
Stillbirths:—	Within Marriage ...	5	7	12
	Outside Marriage ...	1	—	1
	Total Stillbirths ...	6	7	13

DEATHS:—

All Deaths ...	148	165	313
Deaths associated with Pregnancy, Childbirth or Abortion ...	—	1	1
Deaths of Infants under 1 year (All births within marriage).	4	5	9

The following rates are calculated from these figures and are corrected and compared with corresponding figures for elsewhere for 1951.

Comparative Statistical Rates for 1951.

	Canterbury	Eng. & Wales	148 Towns (popn. 25,000 to 50,000, 1931 census)
Crude Live Births per 1,000 Population ...	16.02		
Corrected by Com- parability Factor— (1.07) ...	17.14	15.5	16.7
Stillbirths per 1,000 Population ...	0.43	0.36	0.38
Calculated per 1,000 Live and Stillbirths	26.6	22.7	—
Crude Death Rate (all causes) per 1,000 Population ...	10.5		
Corrected by Com- parability Factor— (0.91) ...	9.55	12.5	12.5
Infant Mortality Rate (Deaths under 1 yr. per 1,000 Live Births) ...	18.9	29.6	27.6

The following Table shows the causes of death listed in accordance with the abbreviated list of the International Classification.

TABLE I.

No.	Causes of Death	1951		
		M.	F.	Total
1	Tuberculosis of Respiratory System ...	5	2	7
2	Tuberculosis, Other Forms ...	1	—	1
3	Syphilitic Diseases ...	—	1	1
4-9	Other Infective and Parasitic Diseases ...	2	—	2
10	Malignant Neoplasm, stomach ...	5	1	6
11	Malignant Neoplasm, lung and bronchus	6	2	8
12	Malignant Neoplasm, breast ...	—	4	4
13	Malignant Neoplasm, uterus ...	—	2	2
14	Other malignant & lymphatic neoplasms	10	17	27
15	Leukaemia and Aleukaemia ...	1	—	1
16	Diabetes ...	1	1	2
17	Vascular Lesions of Nervous System ...	14	28	42
18	Coronary Disease and Angina Pectoris...	16	14	30
19	Hypertension with Heart Disease ...	3	3	6
20-21	Other Heart and Circulatory Disease ...	35	39	74
22	Influenza ...	9	17	26
23	Pneumonia ...	6	3	9
24	Bronchitis ...	8	9	17
25	Other Diseases of Respiratory System ...	—	2	2
26	Ulcer of stomach and duodenum ...	4	2	6
27	Gastritis, Enteritis and Diarrhœa ...	1	1	2
28	Nephritis and Nephrosis ...	2	2	4
29	Hyperplasia of Prostate ...	2	—	2
30	Pregnancy, Childbirth and Abortion ...	—	1	1
31	Congenital Malformation ...	2	2	4
32	Other defined and ill-defined diseases ...	12	9	21
33	Motor Vehicle Accidents ...	—	—	—
34	All other accidents ...	2	2	4
35-36	Suicide, Homicide, and War ...	1	1	2
TOTAL ...		148	165	313

Infant Deaths.

TABLE II.

Causes of Infant Deaths	Under 24 hours	24 hours to 1 month	1-12 months	Total
Prematurity	2	4	—	6
Congenital Defects	—	1	—	1
Supra Renal Hæmorrhage	—	1	—	1
Infectious Conditions	—	1	—	1
TOTALS	2	7	—	9

TABLE III.
DEATHS BY AGE GROUPS

	0-1	1-15	15-25	25-45	45-65	65-80	80-90	90 +	Total
Male	4	6	3	7	33	72	18	5	148
Female	5	—	1	3	30	72	47	7	165
Total	9	6	4	10	63	144	65	12	313

A study of the deaths in different age groups shows that 70% of all deaths occurred over the age of 65. 28% of the female deaths were at ages of 80 or over, while only 12% of the males were of this age. The early months of the year provide the greatest hazards to longevity and 32% of the deaths occurred in January or February, 34% in the age groups over 65. The mean monthly deaths numbered 26, the months exceeding this mean being January, February, March and May.

Incidence and Control of Communicable Diseases.

The following table shows the incidence of notifiable infectious diseases. Whooping Cough remained as prevalent as in 1950. There was unfortunately one death from this scourge of infant health. It was an epidemic year for measles. The one case of food poisoning was an isolated infection with *Salmonella Typhi Murium* thought to have been acquired from ducks.

TABLE IV.

	Total Cases Notified	Children Under 5 years	Children 5 to 15 years	Adults
Scarlet Fever	60	12	45	3
Erysipelas	4	—	—	4
Whooping Cough ...	136	95	41	—
Measles	792	428	359	5
Pneumonia	4	—	—	4
Dysentery	3	—	1	2
Acute Poliomyelitis ...	3	—	2	1
Ophthalmia Neonatorum	—	—	—	—
Puerperal Pyrexia ...	12	—	—	12
Food Poisoning	1	—	—	1

Tuberculosis.

The notifications of tuberculosis for 1951 and the previous six years are shown in Table V.

Eight deaths from tuberculosis occurred during the year, of which seven were from pulmonary tuberculosis. Deaths from pulmonary tuberculosis for the three previous years were 7, 8 and 14. While the number of notifications do not fall, the number of deaths do, as shown also on national statistics. The maintenance of a high rate of notifications is related to the efforts made to find the disease at an early stage.

A Mass Radiography survey was carried out during 1951, covering both school leavers, industries and the general public. The Unit was in the town for 37 days in February and March, 8 days in April and 1 day in August. The Unit was beset by breakdowns, but persevered to carry out a most valuable visit. 7,639 persons were examined; 1,383 were from schools, the rest from industry or from the general public. 3% were recalled for a full sized film because of the need to elucidate some finding on the miniature film. One in five of these, *i.e.*, 0.6% or 6 in every 1,000 of the volunteers, were recalled for a full clinical examination. 20 cases of active tuberculosis were discovered, 106 of healed tuberculosis, and 15 cases of other conditions of the heart or lungs.

The local centre for the diagnosis and treatment of tuberculosis is the Chest Clinic, 43 New Dover Road, Canterbury. In conjunction with the Kent County Council, the services of a tuberculosis health visitor are provided to assist the Chest Physician with his clinic duties and in the home visiting and after-care of patients. The Chest Physician is the Authority's advisor on care and after-care of tuberculous patients, and 2/11ths of his salary is met by Canterbury and Kent County apportioned between the authorities on a case basis.

Much attention is given to the housing conditions of tuberculous families and the Housing Committee is most co-operative in helping in this matter, but it must be stressed that while we must do our utmost to see that the tuberculous are properly housed, we should combat any belief that there is little future for the tuberculous family unless they are re-housed and re-housed quickly.

There are many factors in the problem of tuberculosis. Poverty and overcrowding are not the least. Re-housing seldom assists financially. Much can be done to prevent transmission of infection by educating the patient in good habits and by arranging isolation within the household during sleep, when the coughing is uncontrolled. We now have a mode of protection for the contacts in B.C.G. Vaccination, and this is carried out by the Chest Clinic under the direction of the Chest Physician. It is hoped that a wider application of this measure may yet be sanctioned.

TABLE V.

Site/Sex	Number of Notifications									
	1945		1946		1947		1948		1949	
	M	F	M	F	M	F	M	F	M	F
Lungs	18	9	14	9	13	7	9	7	16	9
Glands	—	3	2	1	1	—	—	—	1	—
Bones, Joints, etc.	—	1	6	1	3	—	3	1	4	2

Venereal Diseases.

The centre for the diagnosis and treatment of Venereal Diseases is in the Kent and Canterbury Hospital, where males can be seen on Tuesday and Friday at 5.0 to 6.30 p.m., and females on Tuesday and Friday at 2.30 to 3.30 p.m.

The Physician in charge of the centre reports that 7 new cases of syphilis and 4 new cases of gonorrhœa were seen during 1951 and that 41 cases of other conditions were seen. This compares favourably with the corresponding figures of 9 cases of syphilis, 10 of gonorrhœa and 58 of other conditions for 1950.

Hospital Accommodation for Communicable Diseases.

Cases of infectious disease are sent to Haine Isolation Hospital. The local population find this a great inconvenience after having had their own local hospital, and it is out of the way for visiting or for collecting a child when fit for discharge.

Cases of poliomyelitis, food poisoning, and dysentery have occasionally been nursed in the Kent and Canterbury Hospital without any spread, by making use of the side wards.

The conversion of the Canterbury Isolation Hospital for use for other purposes has not been started yet.

The waiting time for the admission of cases of tuberculosis to hospitals is shortening.

Laboratory Services.

1. For Pathological Work:—Kent and Canterbury Hospital Laboratory.
2. For Public Health Laboratory Work (Milk, Ice-Cream, and Water):—Public Health Laboratory, County Hall, Maidstone.
3. For Analytical examinations and other Public Health examinations:—Canterbury Public Analyst.

It is learned with regret that the idea of a Public Health laboratory for East Kent centred on Canterbury has been dropped for the time being.

Nursing Homes.

One nursing home provides 7 beds for maternity cases and 3 beds for medical cases.

Accommodation for Old People.

There is one registered home for aged persons which provides for 4 persons.

The Welfare Committee provides two homes for aged or handicapped persons. The Housing Committee have built two ranges of old persons bungalows and suitable blocks of flats, and there are 9 groups of almshouses.

LOCAL HEALTH SERVICES.

No further action has been taken on Health Centres and no new welfare centres or clinics have been opened during 1951.

The formation of a united Medical Officer of Health area with four nearby local authorities necessitated the appointment of a full-time Assistant Medical Officer of Health to be employed in the services for the care of young children under the National Health Service Acts and the Education Acts. The Assistant also acts as deputy for general public health duties. A local general practitioner obstetrician deputises at the ante-natal clinic when necessary, and general practitioners have also done sessional work at the child welfare clinics.

The authority was in the process of combining the functions of Health Visitor with that of School Nurse as the year ended. There was also a proposal to acquire new offices for the Health Department administration to allow extension of the accommodation available to the Health Visitors and to bring about an association under the one roof of all members of the nursing profession serving in the local health services. It is now likely that this will go ahead.

Ante-Natal Care.

Ante-Natal Clinics are held in the Central Welfare Clinic at Stour Street and in the Welfare Hut, Military Road, the latter for expectant mothers in the barracks family quarters who are to be delivered in Shorncliffe Military Families Hospital.

Complicated cases are referred to the specialists at the Kent and Canterbury Hospital. Where an obstetric medical practitioner has been booked the expectant mother is referred to that doctor instead of to the specialist.

The Kent and Canterbury Hospital provides an Obstetric 'Flying Squad' which will attend at obstetric emergencies.

Post Natal Care.

Where a mother has booked a general practitioner obstetrician for her confinement it is usual for her to attend there for her post-natal examination, but the health visitors try to ensure that all mothers have such an examination. I am of the opinion that it should become the duty of the midwife in attendance, or the hospital if the case has been admitted there, to ensure that a post-natal check is done either at the local authority clinic, doctor's surgery or hospital.

The following figures show the cases attending the Ante-Natal and Post-Natal Clinic:—

Ante-Natal Sessions held at Central Clinic and Northgate Clinic					131
Mothers in attendance on 1.1.51	...	...	...	...	53
First attendances during 1951	...	...	...	...	111
Mothers still in attendance at end of 1951	...	...	...	...	34
Total attendances	...	...	...	...	753
Blood examinations carried out	...	...	...	...	184
Cases referred to Dental Officer	...	...	...	...	18
Number of Mothers who attended Post-Natal Examinations	...	...	...	...	59

For times of Ante-Natal and Post-Natal Clinics see below, under Infant and Toddler Welfare.

Breast Feeding.

Breast feeding and test feeding sessions are held in the Central Clinic at the Health Department in the forenoons at 9.45 a.m. to assist mothers to maintain or establish natural baby feeding.

Number of cases attending	66
Total attendances	...

Premature Babies.

Suitable cots, bedding and clothing are available on loan from the Health Department for home care.

The Hospital can provide an oxygen cot for the transport of a premature baby by the Ambulance Service.

Total number of Births notified or recorded as premature during 1951	...	...	...	...	45
Number delivered at home	...	...	...	...	3
Number delivered in Hospital	...	...	...	...	41
Number delivered in Nursing Homes	...	...	...	...	1
Number of Hospital cases resident in Canterbury	...	...	...	...	15

Infant Deaths.

The causes of the eleven infant deaths are shown tabulated on page 7.

Maternal Deaths.

There was one maternal death due to pulmonary embolism on the tenth day of the puerperium. Full ante-natal care had been given by the general practitioner obstetrician and facilities for home confinement were of a good standard. There were no apparent avoidable factors.

Unmarried Mothers.

Six unmarried mothers were admitted to hostels for pre- and post-natal care through the agencies of the Health Committee.

Infant and Toddler Welfare.

Clinic Sessions to cover the needs of the city are now held as follows:—

(a) INFANT AND TODDLER WELFARE:

Central Clinic : Poor Priests' Hospital, Stour Street.
Monday, Thursday & Friday, 2.30 p.m.
(Medical Officer attends on Thursdays).

Wincheap : Wincheap Infants' School, Hollow Lane. Monday, 2.0 p.m. (Medical Officer attends).

Northgate : Welfare Hut, Military Road, adjoining the Garrison Theatre. Friday, 2.0 p.m. (Medical Officer attends).

(b) ANTE-NATAL CLINIC (including Post-Natal Care):

Central Clinic : Poor Priests' Hospital, Stour Street.
Wednesday, 2—4 p.m. or 10—12 a.m.
by appointment.

Northgate : Welfare Hut, Military Road. Mondays, 2.0 p.m. (Military Families).

(c) PROTECTION CLINIC:

Central Clinic : Poor Priests' Hospital, Stour Street.
(Diphtheria Immunisation, Smallpox Vaccination and on request, Whooping Cough Inoculation. 2.15 p.m. Tuesday.

(d) BREAST FEEDING:

Central Clinic : 9.45 a.m.

Table VI shows the numbers attending the Infant/Child-Welfare Clinics:—

TABLE VI.

Infant/Child Welfare Centre		Central Clinic	Wincheap Clinic	Northgate Clinic	TOTAL
Children on Clinic Register, 31.12.50 ...	Under 1 1-5 yrs.	78 65	27 40	66 53	171 158
First attendance during 1951 ...	Under 1 1-5 yrs.	218 106	58 14	100 70	376 190
Total No. of Children remaining on Register on 31.12.51 ...	Under 1 1-5 yrs.	109 82	31 31	76 42	216 155
Total No. of Attendances made by children during 1951 ...	Under 1 1-5 yrs.	4,123 410	788 380	1,716 905	6,627 1,695
Doctors' Consultations ...	Under 1 1-5 yrs.	264 203	94 44	175 91	533 338

Dental Care.

Priority Dental care is available from the School Dental Officer by an arrangement with the Education Committee. The information required by the Ministry of Health follows. .

The Dental Officer reports:—

(a) Numbers provided with dental care:

	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant & Nursing Mothers ...	13	10	9	7
Children under Five	48	41	28	28

(b) Forms of dental treatment provided:

	Extractions	Anæsthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radio-graphs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	15	2	11	3	5	—	—	—	1	6
Children Under Five	49	—	27	—	4	—	—	—	—	—

Midwifery Service.

The number of Midwives notifying their intention to practice were as follows:—

Local Health Authority:—4 (all trained in Gas and Air Analgesia).

Private (including Nursing Homes):—3 (including 2 Maternity Nurses, 1 trained in Gas and Air Analgesia).

Kent and Canterbury Hospital:—12 (12 trained in Gas and Air Analgesia).

The provision of four domiciliary midwives is at present sufficient to cover the needs of the City. One of the midwives is approved by the Central Midwives Board to receive a pupil midwife on district from the Part II Midwifery training school at the Kent and Canterbury Hospital.

Confinements taking place within Canterbury during 1951 were:

Confined at Home—Private	...	...	...	1
L.H.A. Midwife	...	...	...	165
L.H.A. Midwife with Doctor	...	...	...	73

Total 239

Confinements elsewhere—Nursing Home	...	...	44
Kent & Canterbury Hospital...	...	...	498

Total 542

Total Births in Canterbury	...	...	781
Canterbury Births to Canterbury Mothers	...	...	419
L.H.A. Midwives Cases	...	...	238
Medical Aid Sought	...	...	9
Gas and Air Administered	...	...	200
Cases of Puerperal Pyrexia	...	...	5
Cases of Ophthalmia Neonatorum	...	...	—
Private Cases	...	...	1

No cases of puerperal pyrexia occurred in domiciliary practice.

Health Visiting.

There are three Health Visitors and one shared Tuberculosis Health Visitor. The following figures are indicative of their work for the welfare of mothers, children and old people, and in the prevention of the spread of infectious disease.

Visits to Infants and Children:—

Under 1 year	...	...	...	First Visits	441
				Other Visits	1,596
1—5 years	...	...	...	Total Visits	3,372
Visits to Expectant Mothers:—				First Visits	99
				Other Visits	58
				Total	5,566

Visits by T.B. Health Visitor:—

Number of Home Visits	...	...	...	497
Number of Chest Dispensary Sessions:				
			A.P. Clinics	51
			Other Clinics	75
Special Reports to Care Committee	...	...	...	39

The Senior Health Visitor made 88 Child Life Protection visits on behalf of the Children's Department during 1951.

Visits to Old Persons.—The Health Visitors made 80 such visits during 1951.

Infectious Disease visits amounted to 543.

Home Nursing.

The Canterbury District Nursing Association provide the Home Nursing Service as agents of the City Council.

A fourth District Sister was in training at the end of the year, with a temporary District Nurse in her place.

			1951	1950
New Cases seen:—Medical			427	346
	Surgical	...	130	125
	Tuberculosis	...	16	3
	Other	...	1	—
			574	474
Visits paid—Total			15,784	11,682

Vaccination and Immunisation.

It will be seen from the figures on Table VII that the equivalent of 70% of the number of infants born in 1951 were vaccinated, the great majority by the family doctor. The diphtheria immunisation scheme has recovered some lost ground and the primary immunisations represented 95% of the intake of unimmunised infants into the child population.

TABLE VII

			Under 1	1—4	to 15	Over 15	Total
Vaccination Against Smallpox	Primary Vaccination	Clinic	96	14	7	28	145
		Family Dr.	237	10	32	59	338
	Revaccination	Total	333	34	39	87	483
		Clinic	—	2	17	115	134
		Family Dr.	—	2	9	186	197
		Total	—	4	26	301	331
Diphtheria Immunisation	Primary Immunisation	Clinic	85	102	50	3	240
		Family Dr.	86	118	8	—	212
	Booster Dose	Total	171	220	58	3	452
		Clinic	—	—	304	4	308
		Family Dr.	—	—	45	—	45
	Total	—	—	349	4	353	
Whooping Cough	No. of Cases Inoculated		117	190	7	1	315
			0 — 4	5 — 14		0 — 14	
Child Population Mid-1951			2,494	4,067		6,561	
Canterbury Births — 1950			—	—		442	
Canterbury Births — 1951			—	—		458	

Ambulance Service.

Some 2,600 more patients were carried than in 1950. Out-patient transport is still the major feature, and on control of this demand we are dependent on understanding co-operation by the hospital service to prevent abuse of the service. The ambulance service has been able to take over some of the work previously done by the Hospital Car Service, who must be commended for answering calls that are becoming fewer.

The joint ambulance service arrangements are unchanged from those reported for 1949.

The figures for 1951 are:—

Ambulance Work: Combined Area—Mileage 124,616
Patients carried 18,383

Hospital Car Service: Canterbury
only Mileage 8,166
Patients carried 77

There are included in the Report numerical tables showing the totals and types of patients carried by the Ambulance Service for each month of the year (Table VIII) and the total mileage and patients carried for Canterbury by the Hospital Car Service (Table IX)

TABLE VIII.

Showing totals and types of patients carried by the Ambulance Service.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov	Dec.	Total
Total Patients Carried	1453	1347	1376	1564	1633	1563	1551	1627	1586	1674	1602	1407	18,383
Out Patients only	1168	1045	1095	1156	1145	1161	1150	1224	1209	1201	1230	1081	13,865
Admissions, Transfers and Accidents, etc.	285	302	281	408	488	402	401	403	377	473	372	326	4,518

TABLE IX.

Showing total mileage and patients carried by the Hospital Car Service (Canterbury only).

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov	Dec.	Total
Patients Carried	6	7	6	5	4	5	10	8	3	3	11	9	77
Mileage	584	681	515	524	506	482	1339	737	383	419	1294	702	8,166

Prevention of Illness, Care and After Care.

The Care Committee had two meetings in 1951. Assistance and advice was given to 16 cases and 99 cases were provided with ancillary nourishment.

There is direct liaison between the Admissions Officer or the Hospital Almoner and the Health Visitors on chronic sick patients awaiting admission or discharge.

The Voluntary Organisations which work in the City on Care and After Care include the Alford Aid Society, St. John Ambulance Brigade, British Red Cross Society, of which the first is predominant in the field of After Care. The Council makes a grant towards the cost of after-care services given by such organisations.

Domestic Help Service.

The most obvious growth in the local health services since July 1948 has occurred in the Domestic Help Service and in the Ambulance Service. The figures for the domestic help service, shown below, show a continuing increase in the use of this service.

We find in Canterbury that part-time workers are more convenient than full-time workers. The increase has been met by the part-time workers. This is the most economical use of woman-power and reduces the financial burden on the user. The cost recovered, however, is only a little over 10%, due to the high proportion of cases of chronic illness or infirmity, in the great majority amongst old-age pensioners. The number of such cases rose from 66 to 113. The service is supervised by a part-time Home Help Supervisor who visits cases, checks need, and organises the work of the service.

TABLE X.

CASES DEALT WITH	Full-time	Part-time
Maternity	39	38
Acute Illness	2	36
Chronic Illness or Infirmity	—	113
Presence of Young Children	3	2
Tuberculosis	9	3
TOTALS ...	53	192

Hours worked:	Full-time	...	3,019 $\frac{3}{4}$ hours
	Part-time	...	30,017 hours
Cost Incurred:	£4,088	{	These figures cover the Financial Year 1st April 1951 to 31st March 1952.
Cost Recovered:	£425		

Mental Health Service.

There is a Mental Health Services Sub-Committee of the Health Committee to deal with this service.

Two part-time Duly Authorised Officers carry out the usual duties, one fulfilling the duties of Petitioning Officer.

During the year there was an arrangement with Kent County Council for the part-time service of their local Mental Health Visitor.

The Occupation Centre has continued in its temporary premises and so far no alternative has been found. Despite this handicap the staff run an excellent training curriculum of handwork and social training, and the Christmas party is an event looked forward to by the children with enthusiasm as being scope to show off their learning to parents and friends. To many this party has been the occasion when despondency about the intellectual handicaps of these children has been dispelled and a new outlook on relative ability has been granted to them.

The following table shows the total cases in attendance:—

	Male		Female		Total
	Under 16	Over 16	Under 16	Over 16	
Canterbury	5	2	2	1	10
Kent County Council	2	7	2	1	12
TOTAL	7	9	4	2	22

Action on Cases.

(A) LUNACY AND MENTAL TREATMENT ACTS.

During the year Duly Authorised Officers investigated 34 cases of mental illness.

22 cases were certified and admitted to St. Augustine's Hospital under Section 16 of the Lunacy Act, 1890, and 6 cases were admitted on "Urgency Orders" under Section 11 of the same Act. 32 other patients were admitted as Voluntary patients, 3 were transferred from other mental Hospitals and 1 admitted under Section 24 of the Council Justices Act, 1948. The six remaining cases investigated by the Duly Authorised Officers were dealt with as follows:—

Admitted to St. Augustine's Hospital as a Voluntary Patient—Justice having refused to make an "Order"	1
Retained in Kent and Canterbury Hospital and then discharged home	1
Charged by Police with being 'drunk and incapable'—Justice having refused to make an "Order" ...	1
Persuaded to attend St. Augustine's Hospital as out-patient	1
Eventually Certified and admitted to St. Augustine's Hospital under Section 16 of the Lunacy Act, 1890	1
Provided with help by Domestic Help Service. No further action taken	1

(B) MENTAL DEFICIENCY ACTS.

A

Cases under Guardianship (under order)	2
Cases under Statutory Supervision (excluding cases on licence)	18
Cases under Friendly Supervision	10
Cases awaiting admission to Institutions	3

B

Cases in attendance at the Occupation Centre (Canterbury only)	7
---	---

C

Cases admitted to Institutions during the year ...	3
Cases reported by the Local Education Authority Section 57, Education Act, 1944)	4
Total cases ascertained during the year as "subject to be dealt with"	5
Other cases reported, not "subject to be dealt with", but in which Statutory action may be necessary later	—

D

Cases "subject to be dealt with" placed under Statutory Supervision	2
Cases not "subject to be dealt with" placed under Friendly Supervision	—
Cases removed from Supervision	5
Deaths of Mental Defectives under Supervision ...	—

(C) AMBULANCE JOURNEYS.

Conveyance of cases to hospital and use by Duly Authorised Officers	31
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Health Education.

This heading, if considered fully, would ramify into the teaching of secondary school children, the example and precepts presented to primary school children, the work of health visitors, sanitary inspectors, midwives, district nurses, home helps, and medical officers, in meeting people, visiting houses, chatting in clinics, at inspections, talking to public gatherings, and even in passing the time of day to a mother and child in the street when a word in place can do good for health. There is not any one method or any one group of workers for health, but if the local health service staff is imbued with the ideal that prevention of illness is the right road, then all that they will do will be health education. We have a few props such as displays, posters, pamphlets, birthday cards and reminder cards. We give talks in clinics and to community organisations, and we attend conferences and refresher courses to absorb the stimuli to further efforts.

Section 47. National Assistance Act, 1948.

One order was obtained for the removal of an old man to hospital because of grave chronic illness. He was living in insanitary conditions. The old man accepted the inevitable contentedly, but without the order he would not move. In two other cases a certificate under Section 47 was presented to the local authority, asking that accommodation should be provided by the authority, but for lack of such accommodation the authority could not proceed.

REPORT OF THE SANITARY INSPECTOR FOR THE YEAR 1951.

Public Health Department,
Stour Street,
CANTERBURY.

To His Worship the Mayor, Aldermen and Councillors of the City
and County Borough of Canterbury.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the report on the sanitary inspection services carried out in 1951.

It is by dealing with housing defects and maintaining a close scrutiny over food supplies that the sanitary inspector can make his greatest contribution to the health of the population. As in previous years emphasis has been laid on keeping the quality of food as high as possible by sampling and by inspection of the food premises in the City. Almost all the traders are anxious to do their part in the clean handling of food and it is pleasing to be able to mention the readiness they have shown to carry out suggestions made by my colleagues and myself.

This willingness to co-operate, I regret to say, does not extend to the housing work owing to the ever increasing cost of house repairs. Time and time again during the year I have had brought to my notice by owners the high cost of repairs asked for on repair notices. When one considers that rents are still at the 1919 level it is only just that there should be a proportionate increase in house rents to off-set the 300% increase in repairs over the 1919 figure. It is of course equally obvious that there should be a safeguard to ensure that any permitted increase in rent is used for the maintenance of the property and not treated by the owners as extra profit from their investments in house property.

I should like to record my indebtedness to the Chairman and Members of the Sanitary and Licensing Committee for the encouragement and the sympathetic consideration they have given to the suggestions put before them and my thanks are due to the Medical Officer of Health, my colleagues, Mr. A. R. Clark and Mr. R. G. Goodbody and the staff of the Department for their help and co-operation during the year.

I am,

Your obedient servant,

T. L. MARTIN.

Senior Sanitary Inspector.

Inspections.

No. of complaints received and investigated	...	...	909
Regarding defects in property	...	...	2,102
Food Shops	...	...	357
Bakehouses	...	...	118
Dairies	...	...	94
Restaurants	...	...	206
Ice Cream Premises	...	...	90
Fish Fryers	...	...	41
Licensed premises	...	...	77
Infectious diseases	...	...	63
Keeping of animals	...	...	16
Sampling under Food and Drugs Act	...	...	389
Food examined and surrendered	...	...	429
Marine stores, etc.	...	...	3
Premises with reference to rat infestation	...	...	165
Slaughterhouses	...	...	15
Shops Act	...	...	9
Factories and Workshops	...	...	82
Smoke observations	...	...	20
Council House inspection	...	...	457
Verminous rooms	...	...	41
Fertilisers and Feeding Stuffs	...	...	29
Visits to drainage systems	...	...	725
Drains tested	...	...	273
Premises, as to provision of refuse receptacles	...	...	13
Accumulation of rubbish	...	...	6
Miscellaneous	...	...	411
Total			7,140

Improvements.

Eaves gutters and fall pipes repaired or renewed	...	...	85
Roofs repaired	...	...	141
Fireplaces repaired or renewed	...	...	17
Stoves repaired or renewed	...	...	18
Water supply pipes repaired or renewed	...	...	11
Sash cords renewed	...	...	89
Window frames repaired	...	...	86
Wall and ceiling plaster repaired	...	...	160
Rooms re-decorated	...	...	60
Dampness in walls remedied	...	...	73
Brickwork pointing renewed	...	...	14
Yard paving renewed	...	...	9
Wash coppers repaired or renewed	...	...	13
Doors repaired	...	...	36
Floors repaired	...	...	40

Staircase repaired	...	...	...	...	...	14
Sub-floor ventilation provided	...	...	...	...	...	5
Houses at which drains were repaired	...	...	...	...	...	31
Houses at which branch drains were renewed	...	...	...	...	...	52
Houses at which drains were renewed entirely	...	...	...	...	...	20
Choked drains cleared	...	...	...	...	...	45
Intercepting traps fixed	...	...	...	...	...	5
Gully traps fixed	...	...	...	...	...	51
Inspection chambers, built, new cover provided and rendered	...	...	...	...	...	41
Fresh air inlet valves fixed	...	...	...	...	...	1
Soil and vent pipes fixed or repaired	...	...	...	...	...	20
W.C. pans fixed	...	...	...	...	...	58
W.C. seats provided	...	...	...	...	...	34
Additional W.C's built	...	...	...	...	...	9
W.C's repaired or rebuilt	...	...	...	...	...	4
W.C. compartments ventilated	...	...	...	...	...	2
New flushing cisterns provided	...	...	...	...	...	15
Flushing cisterns repaired	...	...	...	...	...	28
Sinks renewed	...	...	...	...	...	29
Sink waste pipes renewed or trapped	...	...	...	...	...	31
Sanitary bins provided	...	...	...	...	...	8
Improvements in food premises	...	...	...	...	...	38
Chimney stacks repaired	...	...	...	...	...	36
External rendering carried out	...	...	...	...	...	14
Chimney stacks rebuilt	...	...	...	...	...	12
Miscellaneous	...	...	...	...	...	95
Total						1,550

Housing Acts.

Number of New Houses erected during 1951:—

(1) Permanent new houses erected by the Council	...	...	...	...	104
(2) New houses erected by private enterprise	...	...	...	...	20
					124
Houses demolished	...	...	...	...	10
Net increase in number of houses	...	...	...	...	114

Notwithstanding the continued excellent progress in the provision of new houses, the demand to be re-housed appears to be as keen as ever. The new houses with their modern kitchen appliances have helped to increase the dissatisfaction of the tenants of old houses in the City. That fact coupled with the increase in wages of the manual workers has quite naturally created a demand for something better in the way of a house. The old house at 6, 7 and 8 shillings a week inclusive rental is not good enough, and the owner

with the high cost of building labour and material is reluctant to spend money on repairs, especially when the future life of the property is uncertain. In fact, the ownership of poor class properties has become such a liability, that in contrast to the pre-war years when landlords fought to retain their houses when slum clearance was contemplated, they are now asking for their houses to be condemned.

The policy adopted is, unless the house is so bad that its existence cannot be tolerated any longer, to ask for the bare minimum of repairs, because it is realised that as soon as a separate house has been provided for each family, slum clearance and re-housing should proceed with all possible speed.

There is no evidence of widespread overcrowding according to the Housing Act standard.

1. Inspection of Dwelling-Houses During the Year:

(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts	200
(b)	Number of Inspections made for the purpose	2,006
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	129
(b)	Number of Inspections made for the purpose	129
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	9
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	191

2. Remedy of Defects During Year Without Service of Formal Notices:

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authorities or their officer	174
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3. Action Under Statutory Powers During the Year:

A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	1
--	---

(2) Number of dwelling-houses which were rendered fit after service of formal notices	
(a) By Owners	1
(b) By Local Authority in default of Owners	—

B.—Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which statutory notices were served requiring defects to be remedied	27
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) By Owners	23
(b) By Local Authority in default of Owners	—

C.—Proceedings under Section 11 and 13 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	9
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	10

D.—Proceedings under Section 12 of the Housing Act, 1936:—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
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One house subject to a Closing Order was made fit and the Closing Order was determined.

In accordance with the instructions of the Council a detailed inspection was carried out of a Corporation estate of 120 houses, and a comprehensive report was submitted to the Council.

Water Supply.

The Canterbury Gas & Water Co. own the water undertaking and maintain a very satisfactory supply as regards quantity and quality, supplying all except five houses in the City.

The supply is collected from deep wells in the chalk and is partially lime softened by the Company. A minimal dose of Chlorine is given more to keep the apparatus in first class working condition for an emergency than because the supply normally requires it.

Six samples of water from houses in various parts of the area were submitted for bacteriological examination and in every case the Pathologist reported the water to be good and B. Coli presumptive were absent in 100ccs.

There is no plumbo solvent action and the water is free from contamination.

It is pleasing to be able to record that unlike many districts in the country, there was no restriction of water supply and the water maintained its excellent bacteriological quality throughout the year.

Of the 5 houses without a piped supply from the town's mains:

1 house uses roof water and carried water from a nearby public supply.

4 houses have well water and samples taken during 1951 have shown the water to be free from faecal contamination.

The City Analyst reporting on 5 samples of water sent to him for chemical analysis, states that the supply is as usual very pure organically. The following is a typical copy of the Analyst's report:

Appearance	Clear
Smell	Normal
Chlorine in Chlorides	1.54
Nitrogen in Nitrates	0.38
Ammonia	0.0008
Albuminoid Ammonia	0.0017
Oxygen absorbed in 15 minutes	Trace only
Oxygen absorbed in 4 hours	0.018
Hardness before boiling (total)	11.5
Hardness after boiling (permanent)	3.0
Total Solid Matter	17.64
Microscopical Examination of Deposit	

Slight Chalk only

(The numerical results are expressed in grains per gallon).

Remarks.—The above results are satisfactory throughout and indicate water organically pure and free from sewage percolation.

Inspection of Food.

Home killed meat is brought from an abattoir in Woolwich to a dépôt in the City for distribution in Canterbury and the adjoining areas, hitherto served by the Canterbury slaughterhouses up to their closure in September, 1947.

As is well known Canterbury was chosen for one of the abattoirs to be built by the Government and at the end of the year considerable progress had been made in the construction of the buildings. The site is well removed from residential parts of the City and there is no doubt that the abattoir will lead to improvements in the humane handling and slaughtering of animals and the production of clean meat.

No improvements were carried out in the transport of meat during 1951. In the previous year removable slatted boards were provided for the floors of the vans and hanging rails were fixed in 3 vans so that meat, except the very large quarters of beef, may be suspended clear of the floor. Carcasses are man-handled on the floor of the van during loading and unloading and there is a risk of contamination from the boots of the personnel. To overcome the risk and the danger of injury to the employees it is felt that the only real solution is a different type of van to that at present in use.

458 visits were paid to meat shops and food preparing premises and a number of minor improvements of premises at the instigation of the inspectors were carried out. One butchers shop in need of renovation was closed during the year.

15,877 lbs. of food comprising:—

Meat	...	...	...	...	5,222 lbs.
Canned Meat	...	...	...	...	1,009 lbs.
Boiled Ham	...	...	...	...	536 lbs.
Canned Fish	...	...	...	...	114 lbs.
Fish	...	...	...	...	336 lbs.
Canned Vegetables	...	...	...	...	709 lbs.
Canned Tomatoes	...	...	...	...	348 lbs.
Canned Fruit	...	...	...	...	4,067 lbs.
Miscellaneous	...	...	...	...	3,546 lbs.

Knackers Yards.

There is one Knackers Yard carrying on business in a small way, and inspections have shown the premises to be kept in a satisfactory condition and the business conducted in a clean manner.

Food Hygiene.

With the prominence given in the national press and magazines to food poisoning, the allied subject of food hygiene aroused more interest than ever before. It is probable that no section of the community welcomes this interest more than the sanitary inspector who has striven to my knowledge more than 20 years, often in the face of stiff opposition, to improve food preparing premises.

I am still a long way from reporting that all is well, but I can say that improvements are always taking place and more would be done if there were no delays by owners having to apply and wait for building licences.

It is well understood that however desirable it is to have first class premises and that such premises help to stimulate cleanliness in the employees, the best measure that can be taken to prevent food poisoning are the observance of certain principles by the persons handling the food. The question of conveying these principles to the responsible persons has received much attention. It cannot be denied that discussions and lectures on clean handling of food arouse interest, but to some extent this is a case of preaching to the converted. It is submitted that the group of employees not sufficiently interested to attend lectures and discussions etc., constitute the greatest potential danger, and at the present time the only remedy is to take the information to them when visiting the premises. In spite of the foregoing remarks, no opportunity is lost to enter into discussions on clean food in local organizations and as in previous years the most popular questions raised are shop proprietors and assistants smoking while handling food, and cats and dogs in food shops.

A few courageous traders have exhibited "no dog" notices for some years and the notice has not just been a token. Now practically every shop exhibits a notice supplied by the Council and it is pleasing to mention how well these notices have been received by the traders.

Discouragement is now being given to the keeping of cats in food premises. As regards food handlers smoking on duty, it is submitted that apart from the danger of tobacco, etc. gaining access to food, the cigarette may be a vehicle of infection from mouth to finger. It should be decided whether the practice is any way dangerous, and if so, it should be made the subject of a definite regulation and not left to the persuasive action of the Inspector as at present.

When visiting food premises the Inspectors besides paying attention to structural defects, seek for the evidence of rats, mice and insect pests and offer help in clearing the premises of these unwelcome guests. As in previous years emphasis is laid on the provision and the use of washing facilities after using the toilet and each trader is being urged to provide a wash-hand basin with hot and cold water and towels, preferably individual towels. The persuasive powers of the Inspectors will eventually accomplish this and other improvements, but to deal with the "hard core" in a reasonable period I am still convinced that it is essential to have a system of compulsory registration of food premises.

The public have a very strong weapon and if they choose to use it by refusing to deal at shops which do not observe good hygiene principles, they will help themselves and the public health staff in their endeavours to obtain a cleaner food supply.

Clean Food Byelaws.

The adoption of these byelaws during the time of considerable national publicity regarding the clean handling of food meant that the Inspectors were not breaking entirely new ground in carrying out the requirements of the byelaws.

There is no doubt that the adoption of the byelaws has resulted in improvements in the handling of food, but the criticism I have to offer is that the byelaws could with advantage have been more specific in certain respects. For instance is the use of "clean" newspaper forbidden; is the food handler who smokes not observing cleanliness and should food be displayed in such shops as butchers, cake shops and fish shops within the reach of the customers?

A complaint was received concerning the smell of 2lb. sausage meat purchased from a local shop. The meat had been placed on a piece of greaseproof paper 7in. x 5in. which was not large enough to surround the meat and the smell of moth balls had obviously come from the newspaper used as an outer wrapper. In view of the conflicting evidence no action was taken by the Council.

Two summons were issued against a local baker for selling two loaves of bread, one containing mouse excreta and the other a part of a cigarette. He was fined £1 on the first charge and £5 on the second in addition to £3 18s. 0d. costs.

Future Legislation.

It is superfluous for me to mention the need for more home produced food and I have no desire to create unnecessary scares by calling attention to happenings which, if not kept in proper perspective, could cause alarm. The point I wish to make concerns the use of chemical agents to control insects which attack fruit and vegetables. Some of the chemicals are not only toxic to insects and weeds, but are highly poisonous and dangerous to handle. Reliance is placed on the effects of weathering to break down the poisonous substances. Consequently if climatic conditions are not suitable, or if sufficient time is not allowed, it would appear that there might be some danger of the fruit and vegetables having an abnormal flavour or in certain instances even being toxic to the consumers.

It would appear therefore that a case could be made for legislation providing safeguards for personnel using the highly poisonous chemicals; under what circumstances it may be permissible to use certain substances; sampling of food to detect toxic substances; and for the precautions to be observed whilst storing these substances. This latter point is designed to deal with the dangerous conditions which might arise from gases given off by the poisonous substances in the event of fire occurring on the premises.

Public Houses.

Following the inspection of all the licensed premises in the City and correspondence with the brewers regarding improvements, the work carried out at the end of the year was:—

Sinks with drainage provided	...	...	8
Hot water to bar sinks provided	...	...	12
New W.Cs built	...	...	1
Urinals renovated	...	...	2
Automatic flushing cisterns provided	...	...	3
Artificial lighting provided to sanitary conveniences	...	...	5
Beer cellars repaired	...	...	3
Lead beer pipes replaced	...	...	1

A number of projects were in hand at the end of the year, but it must be admitted that not so many improvements have been carried out as I should have liked to have seen. There are several reasons for this, the difficulty in obtaining licences to spend money on improvements, a natural reluctance on the part of the brewers to spend considerable sums of money at the present time; and the strong suspicion that a number of the public houses are surplus to the drinking demands of the population and do not justify modernization.

Bakehouses.

The number of bakehouses in the City at the end of the year was 25. Nine notices for repairs and cleansing of walls were served. Two bakehouses were modernized and several others require similar treatment, particularly those which are fired with solid fuel at the front of the oven, as this method of firing creates dirty conditions.

Fish Frying Premises.

There are seven fish friers and the inspections made during the year have shown the businesses to be satisfactorily conducted. One shop was completely modernized and minor defects discovered in other premises were readily attended to. The previous complaints of smoke nuisances have now been eliminated as all the shops now have gas fired frying ranges.

Restaurants.

206 visits were paid to the 62 restaurant kitchens and in practically every case the standard of cleanliness was of good order. Extensive improvements were carried out in six kitchens and improvements in twenty others were carried out at the instigation of the inspectors. The largest kitchen modernized during the year has been fitted with the very latest type of equipment and is now a first class example of a restaurant kitchen. Several other occupiers have mentioned that they intend to modernize their premises as soon as building licences can be obtained.

Every opportunity has been taken to stress the importance of the clean handling of food by persons engaged in its preparation or distribution and special attention has been given to the provision of wash-hand basins with fitted hot and cold water for the use of the staff.

The desirability of compulsory registration of food premises has been commented upon previously, and it is reiterated that this is considered to be essential if all food premises are to be of first class order within a reasonable period.

Food and Drugs Sampling.

As in previous years Mr. E. S. Hawkins, O.B.E., B.Sc., A.R.C.S., F.R.I.C., continued to act as Public Analyst. The close proximity of his Laboratory to the Department enables personal contact to be made within a few minutes, and cuts out the delay which would follow between sampling and the receipt of the samples by the Analyst if the Laboratory were some miles distant from the City.

The following 155 articles of food were submitted for chemical analysis:—

Article	No. of samples Formal	Informal	Number genuine	Samples adversely reported upon
*Milk	35	2	37	
*Channel Island Milk ...	3	—	3	
*National Dried Milk ...	—	4	4	
*Fresh double cream ...	2	—	2	
*Yoghourt	1	—	1	
*Ice Cream	3	15	16	698, 706
*Pork sausage	10	1	6	667, 669, 798 799, 800
*Beef sausage	3	3	5	705
Bread and rolls ...	—	3	1	678, 743
*Powdered gelatine ...	—	3	3	
*Table jelly crystals ...	—	3	3	
Pepper	3	1	4	
*Butter	—	2	2	
Cake Mixture	—	4	2	792, 793
*Cakes	—	7	6	780
*Jam	5	—	4	684
*Off ration sweets ...	—	5	5	
*Concentrated tomato soup	—	2	—	703, 704
*Tinned soups	—	6	6	
Lactic sugar	2	—	—	738, 739
*Sultanas	—	2	2	
*Boiled Ham	—	2	—	773, 777
*Non-alcoholic drink ...	6	—	6	
*Mincemeat	4	—	3	787
*Concentrated Orange juice	—	1	—	744
Apple pie	—	1	—	778

and one each of the following which were all genuine:—

*lemon juice, *lemon powder, *pineapple squarcs, *Whisky flav-
ouring, *pork lunchcon meat, *meat roll, *jellied veal, *tonic wine,
*marzipan, *strawberry mousse, *and sultana chutney.

Remarks.

Sample No. 698—

Ice cream taken informally contained 3.9% fat against legal minimum of 5%. Sample 706 taken formally before vendor notified of the result of sample 698 had 4.4% fat. Warning by Council. Subsequent samples have been satisfactory.

Pork Sausages—

The following samples were below the limit of 62.5%.

Sample 667. Meat varied between 57½% and 59%.

Sample 669. Meat varied between 56½% and 57%.

The following were below the revised meat content of 65%.

Sample 798. Meat content 62.5%.

Sample 799. Meat content 63.5%.

Sample 800. Meat content 63%.

The manufacturers were warned in each case.

Sample No. 705—

Beef sausage possessing smell of camphor. Greaseproof paper too small to cover the meat and the smell had evidently come from the outside newspaper wrapper. No action taken.

Sample No. 678—

Loaf containing rodent excreta. Baker prosecuted and also for a loaf containing cigarette. Fined £1 on first charge and £5 on second, together with £3 18s. 0d. costs.

Sample No. 743—

Loaf containing small piece of stone. An inspection of the bakery revealed extensive alterations being carried out.

Samples No. 792 and 793—

Cake mixtures which had deteriorated due to long storage. Stocks destroyed.

Sample No. 780—

Meringue containing foreign bodies resembling mouse excreta. Foreign bodies found to be pellets of uncooked flour.

Sample No. 684—

Strawberry jam deficient in sugar, 67.8% instead of 68.5%. Warning to manufacturer.

Samples No. 703 and 704—

Concentrated tomato soup. The first had 4 grains and the second 2 grains per lb of tin. Stock of 140 tins destroyed.

Samples No. 738 and 739—

Lactic sugar. The labels were considered to be grossly misleading as to nutritional and dietary value. Summons issued, but withdrawn before hearing.

Samples No. 733 and 777—

Tinned boiled ham. Found to have a strong odour and to be unpalatable. Contents of tins destroyed.

Sample No. 744—

Concentrated orange juice. Had a trace of chlorinated phenolic disinfectant. Letter to packer.

Sample No. 778—

Apple pie. Foreign bodies—suspected mouse droppings—identified by Analyst “weed seeds”.

In addition information on a sample of currants was sought. The Analyst confirmed that the currants were unfit because of the presence of mould, maggots and alcoholic fermentation.

Also a bottle of milk containing minute black particles was sent to the Analyst who identified the particles as soot. This was an isolated complaint and enquiries did not prove how the soot gained access.

It is perhaps worth mentioning that included in the list of samples are 19 informal samples obtained from foods supplied to hospitals etc. All were satisfactory except the sausage meat sample Nod. 669.

The average composition of 35 samples of milk (excepting Channel Island Milk) was 3.53% fat and 8.71% solids not fat.

Public Health (Preservatives in Food) Regulations.

The samples of food marked * in the preceding table were also examined under the above Regulations and in no case was there any contravention.

Milk.

As in previous years the Ministry of Health asked the Department to obtain samples of milk from its farm in the City and it is pleasing to be able to record that once again the 12 samples were satisfactory.

36 samples of ordinary milk obtained during delivery by retailers were tested for keeping quality and 32 were satisfactory. Information regarding the defective samples was sent to the Ministry of Agriculture Milk Production Officer for his information. 16 samples of tuberculin tested milk were obtained from roundsmen and all satisfied the test for keeping quality.

There are 12 milk retailers in the City but in some cases the supply is obtained exclusively from one of the larger dairies in the town.

59 samples of milk (35 ordinary, 16 tuberculin tested, 6 pasteurised and 2 Channel Island milk) were obtained for biological tests, and the County Pathologist reported all the samples to be free from tubercle bacilli and *Brucella abortus*.

Three firms (two with holder type plants and one with H.T.S.T. plant) are licensed by the City Council to pasteurise milk and during the year 147 samples of pasteurised milk were sent to the City Analyst with the following results:—

	Phosphatase	Methylene blue test
No. of satisfactory samples ...	93	44
No. of unsatisfactory samples ...	9	1

(The phosphatase test is to determine effective pasteurisation and the methylene blue test is to check keeping quality).

It is particularly pleasing to be able to mention that the samples from one firm for the second year running (79 samples in all) were satisfactory.

The metalfoil caps for sealing milk bottles have largely displaced the less hygienic cardboard discs. Besides eliminating risks of contamination the brightly coloured metal seals make the milk bottles much more attractive, but in passing one might mention that they have not provided an obstacle to birds of the blue tit family which have become adepts at removing cream if the milk bottles are left on the doorstep for more than a few minutes.

All the milk supplied to houses has been delivered in bottles for more than two years and observations on the state of cleanliness of bottles returned to dairymen have shown a marked improvement recently. To the minority I would say "Please rinse out the milk bottles with cold water and put out for collection each day".

During 1951 a dairy on a new site was built to replace old premises.

Milk in Schools Scheme.

All the milk sent to schools has been pasteurised and the 26 samples obtained satisfied the tests.

Milk (Special Designation) Regulations.

The following licences were granted by the City Council under the above:—

To pasteurise milk	...	...	...	3
To bottle tuberculin tested milk	...	...	...	3
To deal in tuberculin tested milk	...	...	...	3
To deal in pasteurised milk	...	...	...	3
Supplementary licence to retail tuberculin tested (Certified) milk	...	...	...	1

Ice Cream.

There are seven premises registered for the manufacture and sale of ice cream and 102 for the sale of ice cream. Of the 102, 82 sell nothing but the pre-packed variety. Only six of the manufactures have carried on business during the year and 66 samples were submitted to the methylene blue test in 1951.

The 66 samples were classified as follows:—

				For comparison			
				1950	1949	1948	1947
Grade 1	—	54 samples	...	36	29	24	5
Grade 2	—	8 samples	...	17	23	12	12
Grade 3	—	4 samples	...	17	19	7	10
Grade 4	—	— samples	...	3	11	12	9

It will be noted that the results of the sampling in 1951 show a marked improvement over previous years.

Eighteen samples were also sent for chemical analysis and the fat content ranged between 3.9% and 12% and the solids-not-fat between 20.5% and 30.6%, the average being 7.4% and 26.1%. Both these figures are a little higher than in previous years.

The sample containing 3.9% fat was deficient in fat and as it was taken informally, a formal sample was obtained before the result was communicated to the manufacturer. The formal sample contained 4.4% fat and an official warning was given by the Council. Subsequent samples taken from the manufacturer have been above the minimum figure of 5%.

The local manufacturers have vehicles which are enclosed on three sides and on top for the service of ice cream from bulk and this must prevent much of the contamination which occurred to the ice cream retailed from the old-fashioned vehicles. It is felt that the real solution to the problem however is for only pre-packed ice cream to be sold in public thoroughfares, and it is gratifying to be able to record that the City Council in making contracts for the sale of ice cream on the car parks and public gardens in the town, insist on the pre-packed article.

Factories Act, 1937.

1. INSPECTIONS.

Premises	Number on Register	Number of		
		Inspec- tions	Written notices	Occupiers prosecuted
(i) Factories in which Sec- tions 1, 2, 3, 4, and 6 are to be enforced by Local Authorities ...	52	56	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	106	136	7	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	—	—	—	—
Total ...	158	192	9	—

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Lack of cleanliness	12	12	—	1	—
Overcrowding	—	—	—	—	—
Unreasonable temperature ...	—	—	—	—	—
Inadequate ventilation ...	1	1	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient	4	5	—	—	—
(b) Unsuitable or defective	3	4	—	—	—
(c) Not separate for sexes	—	1	—	—	—
Other offences against the Act not including offences relating to Outwork)	3	3	—	—	—
Total ...	23	26	—	1	—

The Sanitary Inspector is also responsible for Section 34 of the Factories Act which deals with certificates issued by the Council concerning means of escape in case of fire. During 1951 alterations to the means of escape was carried out in one factory and the occupier was subsequently issued with a certificate stating the factory has adequate means of escape in case of fire. Up to date 24 certificates have been issued.

Rodent Control.

Two part-time rodent operators are employed by the Council and the methods used are those recommended by the infestation Branch of the Ministry of Agriculture.

It is most important that tenants should call attention to the presence of vermin as soon as they are noticed, so that measures can be taken before the vermin have an opportunity to get established.

Complaints were received from 286 persons, 221 were in respect of infestation in private houses and 65 were from occupiers of business premises. During the investigation of these complaints and in carrying out surveys of the district 144 additional infestations were discovered.

Maintenance treatment of the sewers were carried out in March and September. Emphasis was made on areas previously infested and 220 manholes in other parts of the City were baited. Altogether only 16 manholes appeared to be infested mainly in a small degree.

The operators who also assist with other public health work, were kept fully occupied and the following is a summary of the rodent work carried out:—

Visits to houses	1,881
Visits to other premises	345
Estimated number of rats killed ...	1,278
No. of premises cleared:—	
Rats.	
Houses	265
Business premises	47
Mice.	
Houses	82
Business premises	28

No charge is made for rodent extermination in house property, but the Ministry of Agriculture insists that a charge for work done in business premises based on time spent and cost of materials be made to the occupier.

In 1951, 11 occupiers of business premises who hitherto engaged private firms have asked the Department to carry out regular inspections and treatment for rodents. While it is encouraging to know that this type of work of the Department is being appreciated, there is a limit to the number of such jobs which can be undertaken, as the two operators have other public health work to do.

Fertilisers and Feeding Stuffs Act, 1926.

The following formal samples were obtained for analysis by Mr. E. S. Hawkins, the Public Analyst and Official Agricultural Chemist:—

- 4 samples super phosphate.
- 1 sample soluble blood.
- 1 sample general vegetable fertiliser.
- 1 sample general flower fertiliser.
- 1 sample national poultry food.
- 1 sample national pig food.
- 1 sample pig fattening meal.
- 1 sample wheat offal.

The samples with the exception of the following were satisfactory:—

General vegetable fertiliser. This contained 7% of potash as against the declared amount of 10.5%.

Pig fattening meal. A better class article was being supplied in that the meal contained 19.2% albuminoid against 13% declared.

National Poultry Food and National Pig Food. In both these cases from the same source some confusion could arise by the sacks being labelled as mentioned, but the food being referred to under other names on the list of statutory declaration on the vendors invoice.

In all the defective samples warnings were issued and the vendors interviewed. Reference should be made to the visits of the Ministry of Agriculture Technical Advisor which are much appreciated and will provide a stimulus regarding the compliance with feeding stuff and fertiliser legislation which is particularly important in view of the shortage and high cost of these commodities.

Three samples of shoddy were obtained at the request of farmers etc. The appropriate fees were collected and copies of analysis supplied.

Rag Flock.

In the early part of the year before the Rag Flock and Other Filling Materials Act 1951 came into operation, 4 formal samples and 1 informal sample of rag flock from local upholsterers were obtained. All the samples were satisfactory.

Two firms have applied for registration of their premises under Section 2 of the new Act, not so much because new articles are made, but so that they can execute an order for new work in the event of being asked. In addition to these 2, there are 6 others who renovate and repair upholstered articles and it is regretted that there appears to be no control over the cleanliness of Rag flock used in this class of trade since the new Act came into operation.

Dustbins.

The scheme adopted in 1950 for the Council to supply dustbins at a rental of 5/- per year was continued, unfortunately only to a limited degree. This is because of the restriction on the galvanizing of dustbins owing to the re-armament programme. For the present, bins are being supplied only on request and at the end of 1951, 992 bins had been supplied.

Verminous Houses.

Number found to be verminous and disinfected by the Public Health Department staff:—

Council Houses	...	...	11
Other Houses	...	...	9

Various proprietary preparations, mainly D.D.T. and Gammexane, are used and the results have shown these preparations to be effective in controlling the insect pests found in properties.

The scheme put into operation in 1948 to prevent the spread of vermin in Council properties was continued and:—

- (a) The furniture and effects of every prospective tenant is inspected before the keys for the house are handed out, and
- (b) before occupation commences every Council house, old or new, is treated with a proprietary preparation in order to kill any vermin missed in the survey.

182 houses of prospective tenants have been inspected. Six verminous houses were discovered and in these cases the contents of the houses were fumigated by the Department before tenants were allowed to move into the new houses.

Precautionary spraying was done in 184 cases.

I should like to acknowledge the assistance of colleagues in other districts who have very kindly assisted by carrying out inspections before tenants moved into Canterbury.

It is also pleasing to record that the inspection and steps being taken to prevent the spread of vermin is appreciated, especially by tenants who take a pride in keeping their houses clean.

Thanks are also due to the staff of the Natural History Department of the British Museum who have, as in previous years, been helpful in the identification of insects and for advice on methods of clearing the insects.

Year by year an increasing number of calls for help in dealing with wasps nests in houses are received and in 1951 the Department staff dealt with 14 wasps nests, which are usually found in almost inaccessible parts of the roof space.

Smoke Abatement.

Mention has been made in another part of the report to the nature of the industries in the City, and smoke troubles have occurred in only two cases. In one case the business has outgrown the factory, with the result that the low chimney has caused trouble, not so much by the volume of smoke but owing to the chimney being of insufficient height to carry smoke away from nearby houses. The management of this factory have made improvement to the boiler which it is hoped will minimize the trouble.

The other works has been the subject of a number of complaints during the last two winters and notwithstanding considerable correspondence between the Council and the British Electricity Authority, a pall of smoke can be seen on most days during the winter months.

SCHOOL MEDICAL OFFICER'S REPORT FOR 1951.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the work of the School Health Service during 1951.

The report from the Canterbury Child Guidance Clinic which is included herein presents the views of the Medical Director on the work of the Psychiatric Social Worker. General discussions at conferences and between workers are at present attempting to bring the function of the various social workers in the field into perspective. Thus it is important to appreciate the relative position of the psychiatric social worker to other social workers and this is well expressed by Dr. Whatley when she states that "the personal contribution of psychiatric social work is best used in the interest of a rather specialised group of cases; those in which there appears some degree of mental illness or unease".

You have recognised that the work of the Health Visitor and that of the School Nurse should be combined within the duties of the Health Visitor and it is hoped to carry out this combination of duties during 1952.

We have formed a link with the surrounding local authorities in the joint appointment of Medical Officer of Health which has required the appointment of an Assistant Medical Officer of Health in the person of Dr. Mrs. Irene H. A. Blakeney, part of whose duties are in the clinical work of the school health service.

In the body of the report I have called attention to the absence of a local day school for educationally sub-normal children. The alternative is an extension of tutoring classes and practical instruction within the present educational system which will cover the needs of these children. Where the only form of special schooling for the educationally sub-normal is in a residential special school the cost to the authority is greatly increased and if one were to look closely into the economics of the local position one might find it well worth while to employ special additional teachers for this work within our present schools.

I am pleased to be able to report that the general condition of the children continues to be good. Where we are dealing with numbers as low as 5,000 and under, one expects to have a fluctuation within say 10% between Category A and Category B. Similarly the drop in Category C children from 9% to 6% is a matter of chance, but that this figure remains below 10% is a finding that is most satisfactory.

Your obedient servant,

MALCOLM S. HARVEY,

School Medical Officer.

SCHOOL HEALTH SERVICE.

General Information.

Number of School Departments:

Primary	...	...	...	...	...	...	12
Secondary	...	...	...	...	...	...	5

Number of Scholars on Roll at end of 1951:

Primary	...	...	...	...	...	...	3,181
Secondary	...	...	...	...	...	...	1,706
							<hr/> 4,887 <hr/>

Medical Inspection.

General Condition.

1,515 pupils went through Routine Medical Inspections or 31% of all pupils. Of the children examined 21.9% were Category A, 72.1% Category B and 6% were Category C. Details are shown on page 47 in Table S.1.

Cleanliness.

The School Nurses made 9,456 examinations throughout the year. 76 children were found to show evidence of infestation of the head. 142 warning notices were sent to parents with advice on how to cleanse. No legal proceedings were found necessary.

Defects of the Skin.

One case of Scabies was identified at Routine Medical Inspection. Table S.2 on page 48 gives information on the number of skin conditions recognised. With the services of a Dermatology Specialist available through the Hospital and Specialist Service the School Health Service does not now see the whole picture.

Defects of Vision.

The following defects of vision were identified at Routine or Special Inspections:—

Found at Routine Medical Inspections:

Number of children tests	...	...	...	...	939
Number found to be suffering from Visual Defect	...	...	...	...	141
Number found to be suffering from Squint	...	...	...	...	23
Number found to be suffering from Other Defects	...	...	...	...	24

Found at Special Inspection:

Number of children found with Visual Defects	...	...	...	66
Number of children found with Squint	...	...	...	14
Number of children found with Other Defects	...	...	...	2

Visual Defects treated by Ophthalmic Surgeon (Vision, Squint, etc.):

Total cases of Visual Defect treated or under observation	254
Spectacles prescribed or already wearing glasses ...	126
Operations for Squint	4
Children attending Orthoptic Clinic	18

Of the 254 children required to wear spectacles 79 were ordered new glasses during 1951, either for the first time or as renewals.

A special Ophthalmic Clinic is run by the Education Authority in accommodation provided by the Hospital Management Committee. Please refer also to Table S.4 on page 49.

All male school leavers are tested for defects in colour vision with the Ishihara Test and where defects are found the pupils and Head Teachers are informed so that the consequences on any future career may be fully appreciated.

Defects of Nose and Throat.

At Medical and Special Inspections 203 defects of this type were identified and 162 kept under observation. 44 were referred for treatment. During the year 11 children had operations, 19 had other forms of treatment, 7 are on waiting list and in 8 cases no treatment was considered necessary.

Defects of Hearing and Ear Disease.

The following cases were found at Routine Medical Inspection or through the Minor Ailment Clinics. 71 cases of hearing defect, 11 cases of Otitis Media and 42 other defects in this group.

Tuberculosis.

A Mass Radiography Survey was carried out in the school leavers of the schools in and around Canterbury during February and March, 1951. All schools whether under the Local Education Authority or not were given the opportunity to send pupils in the school leaving age or staff for examination. From the schools within Canterbury 1,184 pupils attended of which 662 were male and 522 female. 21 were recalled for a large film examination. One case of active tuberculosis was discovered, 2 cases of inactive tuberculosis and one case of cardiac abnormality. Of those recalled for the full examination six were referred to the Chest Dispensary through their own doctors, one was referred only to the family doctor and one was kept under observation. Of the ten schools included in the Survey six were given a complete clearance on the pupils who attended.

Minor Ailments.

There were 2,726 attendances at the Minor Ailments Clinic, excluding the 347 attendances for Diphtheria Immunisation or re-inforcement. This shows a further slight fall in the attendances at this Clinic.

Immunisation of School Children Against Diphtheria.

These figures are also included in Table VII on page 17.

Number of Sessions held	...	...	10
Number of attendances	...	...	347
Primary Immunisation:			
School Children	...	...	28
Pre-School Children	...	...	—
Re-inforcing injections given	...	...	270

Handicapped Pupils.

The following table shows the number of children on the Handicapped Pupils Register:

	On Register		Newly Ascer- tained	Attending Special School	Newly Placed	Requiring Placement
	M.	F.				
Blind or Partially Sighted ...	1	—	—	—	—	—
Deaf or Partially Deaf ...	3	3	—	2	1	—
Delicate	1	—	—	1	1	—
Epileptic	1	—	—	1	—	—
Physically Handicapped ...	6	3	1	3	2	1
Maladjusted	10	1	3	7	2	1
Educationally Sub-normal .	21	9	11	3	2	10

Three children were notified to the Health Committee under Section 57 (3) of the Education Act, 1944, as ineducable. One child was referred under Section 57 (5) as backward who would probably require further action by the Health Committee.

The absence of any local Day school for educationally sub-normal children who require special schooling is a major defect in the system. One cannot ignore the possibility that the absence of such facilities may be contributing to neglect in the upbringing of children of a future generation, in that these educationally sub-normal children who are on the waiting list for a special residential school with little prospect of admission are being tolerated in the ordinary school where they are a hindrance to the education of others, and are not receiving that practical training which would make them happy and contented members of the coming adult population.

Speech Therapy.

There were ten children on the waiting list for Speech Therapy.

Lip Reading.

There are three children on the waiting list.

The Education Authority has made repeated efforts to provide Lip Reading instruction for these school children, but there appears to be no trained person available in this locality to provide such classes, although it has been possible to run such a class for adults.

Educational Difficulties and Maladjustment.

The Medical Director of the Child Guidance Clinic reports on page 51. This includes an appendix on work carried out in schools by the Educational Psychologist.

Dental Defects and their Treatment.

The School Dental Officer reports below.

66.58% of the children inspected required Dental Treatment and 50.12% were treated at the School Dental Clinic. This shows a 2.8% fall on children requiring treatment and a 2.8% increase in the children seeking such treatment at the Dental Clinic.

Table of Dental Treatment and Inspection.

(1) Number of children inspected by Dentist:—

(a) Routine Age Group—Age 2	...	...	—
3	...	...	7
4	...	...	32
5	...	...	392
6	...	...	386
7	...	...	404
8	342
9	347
10	273
11	215
12	239
13	370
14	371
15	116
16	23
17	7

3,524

(b) Specials	315
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Total Routine and Specials	3,839
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(2) Number requiring treatment	2,556
--------------------------------	-----	-----	-----	-------

(3) Number actually treated	1,261
-----------------------------	-----	-----	-----	-------

(4) Attendances made by children	2,899
----------------------------------	-----	-----	-------

(5) Half-days devoted to: Inspection	22
--------------------------------------	-----	-----	----

Treatment	347
-----------	-----	-----	-----

Total	...	369
-------	-----	-----

(6) Fillings: Permanent Teeth	1,270
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Temporary Teeth	2
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Total	...	1,272
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(7) Extractions: Permanent Teeth	99
----------------------------------	-----	-----	----

Temporary Teeth	1,720
-----------------	-----	-----	-------

Total	...	1,801
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(8) Administration of:

General Anaesthetics for extractions	...	565
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Local Anaesthetics for extractions	...	461
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Total	...	1,026
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(9) Other treatment (Scalings, Polishing, etc.)	...	1,297
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Orthodontic Treatment.

Twenty-one children are under Orthodontic treatment and have been provided with Orthodontic plates. Six children were provided with a partial denture.

Employment of Children and Young Persons.

68 children were examined for part-time employment.

Provision of Milk and Meals.

At the end of 1951 there were 3,764 children having milk in school. During the year 2,519 scholars received canteen dinners and 372 received the dinners free of charge.

Where there is a health reason for it, children receive Halibut Liver Oil with their School milk, and in certain cases may have a supplement of Vitamen C tablets for a time also.

The Senior Sanitary Inspector takes check samples of school milk to ensure that a clean and safe milk supply goes to the school children.

Tabular Data concerning Medical Inspection and Treatment.
General Details.

No. of inspections in the Prescribed Groups:			School Rolls (End of Winter Term 1951).		
Entrants	...	576	Primary	...	3,181
Second Age Group	...	457	Secondary	...	1,706
Leavers	...	479			
Total			Total		
Other Routine Inspections			...		
Grand Total			...		
Others (Special and Re-inspections):			—1,023.		

TABLE S.1.

Condition of Children on Routine Medical Inspection.

Age Group	No. Inspected	A Excellent		B Fair		C Poor	
		No.	%	No.	%	No.	%
Entrants -	576	119	20.69	423	73.39	34	5.92
Intermediates	457	104	22.74	329	71.99	24	5.25
Leavers -	479	108	22.54	338	70.56	33	6.88
Others -	3	1	33.33	2	66.66	—	—
Total - -	1,515	332	21.91	1,092	72.07	91	6.00

TABLE S.2.

Defects found by Medical Inspection in the year ending
31st December, 1951.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	72	52	6	—
5	Eyes (a) Vision ...	34	107	10	56
	(b) Squint ...	6	17	—	14
	(c) Other ...	13	11	2	2
6	Ears (a) Hearing ...	8	61	3	9
	(b) Otitis Media ...	2	7	2	—
	(c) Other ...	10	9	1	1
7	Nose and Throat ...	27	124	17	35
8	Speech	2	8	1	7
9	Cervical Glands ...	10	91	13	18
10	Heart and Circulation ...	5	70	1	11
11	Lungs	16	51	12	10
12	Developmental—				
	(a) Hernia ...	—	1	—	1
	(b) Other ...	1	3	—	4
13	Orthopaedic—				
	(a) Posture ...	8	16	2	2
	(b) Flat Foot ...	27	29	1	5
	(c) Other ...	30	68	4	16
14	Nervous System—				
	(a) Epilepsy ...	—	2	—	1
	(b) Other ...	10	20	5	3
15	Psychological—				
	(a) Development ...	6	5	1	3
	(b) Stability ...	2	6	—	2
16	Other	67	26	27	4
Total Number of Children Inspected		1,515			
Number of Children represented in figures above ...		1,117		335	

NOTE: All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.

TABLE S.3.

MINOR AILMENTS TREATED (excluding Uncleanliness shown in Table S.6).

						No. of Defects Treated or under treatment during the year.
Skin—						
Ringworm—Scalp—						
(1) X-Ray treatment	...	...	...	...	...	—
(2) Other treatment	...	...	...	...	...	—
Ringworm—Body	...	...	...	...	...	3
Scabies	...	...	...	...	...	2
Impetigo	...	...	...	...	...	—
Other skin diseases	...	...	...	...	...	36
Eye Disease	...	...	...	...	...	33
(External and other, but excluding errors refractions, squint and cases admitted to hospital).						
Ear Defects	...	...	...	...	...	40
(Treatment for serious disease of the ear is not recorded here).						
Miscellaneous	...	...	...	...	...	732
Total					...	846
(b) Total number of attendances at Authority's minor ailments clinics						
					...	2,726

TABLE S.4.

TREATMENT OF DEFECTIVE VISION AND SQUINT.

(Excluding Minor Eye Defects treated as Minor Ailments).

Errors of Refraction and Squint dealt with	...	...	...	244
Other defects or Diseases of the Eye	...	...	...	15
No. of children for whom Spectacles were prescribed	...	...	...	79

TABLE S.5.

TREATMENT OF DEFECTS OF NOSE AND THROAT.

Defects which received operative treatment (through Edu- cation Committee arrangement)	...	...	...	11
Defects which received other forms of treatment	...	...	...	16
				—
				27
				—

TABLE S.6.

SCHOOL NURSES' MINOR AILMENTS AND
CLEANLINESS INSPECTIONS.

(1) Average Number of visits per school made during 1951 by School Nurses	...	...	...	...	...	7
(2) Total No. of Examinations of children in schools by School Nurses	...	...	...	...	...	9,456
(3) No. of Individual Children found unclean	...	...	...	...	...	76
(4) No. of Individual Children cleansed under Section 54 Education Act, 1944	...	...	...	...	...	—
(5) No. of cases in which legal proceedings were taken	...	...	...	...	...	—

CANTERBURY CHILD GUIDANCE CLINIC ANNUAL REPORT 1951.

General Comment.

Pressure on the Child Guidance Service continued through the year. Although the total number of children referred was lower than in 1950, 238 compared with 344, the 108 cases awaiting diagnosis at the beginning of 1951, constituted a real problem. The number of new cases seen showed a slight increase, from 237 in 1950, to 252 in 1951.

A greater proportion of children seen in 1951 were found to be in need of treatment. In 1950 46 out of 237 were recommended for treatment, approximately 1 in 5, while in 1951 the numbers were 89 out of 252, or approximately 1 in 3. This probably relates to the fact that people are becoming more experienced in selecting for referral cases that we can usefully deal with. To meet this demand, more of Mr. Wollen's time was allocated to therapy. Miss Harnett and he now both work for $2\frac{1}{2}$ days each week treating children, individually and in groups, in addition to approximately one day worked by the Psychiatrist on treatment.

The treatment side of the work is vital for without facilities for regular treatment the chance of achieving permanent adjustment is much lessened. Parents, and others who know the families, become dissatisfied if they are only given 'advice'. What is needed is often not only a suggestion or recommendation, but active help with readjustment or cure, and broadly speaking, this constitutes treatment.

With the increased treatment programme the current case load increased during 1951, and the need for another Psychiatric Social Worker became even more urgent. In October Mr. A. C. Adams joined the staff as third psychiatric social worker, and the Social work of the area was rearranged, Miss Ini taking families in Canterbury, Whitstable, Herne Bay, Faversham and part of Thanet; Mr. Adams taking Ramsgate, Deal and Dover, while Mr. Wollen takes Folkestone, Hythe and Ashford areas.

New Premises.

In June 1951 the Clinic moved to 51 London Road, the house being the very generous gift of Alderman Hooker to the City for use as a Child Guidance Clinic. The new premises proved very suitable and spacious, and staff and patients are very happy to be there.

Psychiatric Social Workers.

Now that there are three psychiatric social workers at the Clinic it seems appropriate to present some account of their work to the Committee.

At the beginning of this century, when psychiatric work with children started in America, it soon became clear that the social background of problem children was of fundamental importance. The need for specially trained workers to investigate and work with mentally disturbed patients (child and adult) and their families became more and more apparent. In 1929 a year's Course in Mental Health was started in London University to train psychiatric social workers for this work.

Candidates are accepted on a basis of previous training (usually a University qualification in the Social Sciences), experience in general social work, and personal suitability for the job. The course covers intensive theoretical and practical work in social case work in a psychiatric setting, psychology and related subjects, and a general study of human relationships. Practical work in Child Guidance, Mental Hospital work, and on Mental Defectives is an essential part of the course, and is arranged at selected clinics throughout the country. (Canterbury has accepted students in training).

The first contact of a family with the Clinic is usually with the psychiatric social worker, who takes a full "social history" from the parent. The psychiatric social worker interviews the parent while the educational psychologist tests the child, and both workers report their findings to the psychiatrist, before she sees the child.

In a social history, facts are necessary and very important, but what is required for overall understanding of the problem, is also knowledge of the underlying relationships, attitudes and tensions in a family. These may be hidden or distorted by incidents which the parents consider to be the cause of their child's difficulties. For example, a mother may be convinced that her child's night terrors are due to the fact that the family was bombed out twice, without realising how her own anxious care for the child while her husband was abroad, and her insistence on "good" behaviour, had prepared the ground for the child to react excessively to any disturbing experience. In such a case it is more important to assess the personality and attitudes of the parents, than to record details of the incident which they regard as the cause of the trouble.

The history is taken by means of an informal and confidential talk with the parent, which allows the establishment of a personal relationship of a non-critical kind. This relationship is our chief tool of treatment; we offer in effect a kind of friendship to our clients which is controlled and safeguarded by the professional attitude of the worker. It often becomes apparent that the child's problem is an expression of family tension. Through these interviews the parents may be helped to see how or why relationships have got "stuck": a faulty attitude may then be changed and the child is freed to go on to further growth.

Sometimes this 'insight' is shown naturally by a parent in the initial interview; sometimes the worker will see a parent weekly over many months before insight is reached. In this work it can be

truly said "We do not seek to change people, we try to help people to change".

When a child is attending the Clinic for interviews the psychiatric social worker has an important role to play in supporting the parent, and explaining the often puzzling changes in behaviour as treatment progresses. For example, a timid and apprehensive child may suddenly become cheeky and spiteful as he gains more confidence in his own power, while still lacking experience and control of his impulses.

Some parents who come to us may be neurotic, but more are merely inadequate or unhappy members of the community. A few are really unstable and mentally ill people who require careful handling. With such people the situations arising are often unpredictable and irrational. Without some sort of psychiatric help deterioration and damage to the whole family can follow.

In working with families and parents, the psychiatric social worker rarely initiates or organises, but plans and suggestions are often brought by a parent for approval or discussion, and there is a tendency for people to become very dependent on the worker for a time. If the worker responds too actively, assumes responsibility for family decisions, or urges one course of action in preference to another, difficulties arise. It is one of the underlying principles of psychiatric work, seen clearly in the psychiatric social worker's relation to the client, that the patient is helped to make his own move towards adjustment, in his own way and his own time. A person under strain can sometimes be persuaded into a course of action which is afterwards regretted, or proves impossible for him or her to carry out.

The need for active awareness of the emotional factors and psychodynamics of a family situation, coupled with a receptive and supportive attitude which allows individuals to work out their own solution, demands both intellectual training and personal discipline.

The psychiatric social worker is very dependent upon liaison with other social workers. The personal contribution of psychiatric social work is best used in the interest of a rather specialised group of cases; those in which there appears some degree of mental illness or unease. All social workers, however, are concerned with problem families. These cases are very time consuming and are a heavy load on all social work agencies. We welcome the nomination of designated officers to integrate and mobilise the resources of the social services in the interest of these families, although social rehabilitation rather than psychiatric treatment can probably make the most effective contribution. The value of the Child Guidance Service is very limited with these families and psychiatric treatment of the children is usually useless.

In addition to their clinical work with the parents, interviewing and visiting, the psychiatric social workers are responsible for keeping contact with other workers who know the families, and for

much of the day-to-day co-ordination between staff and patients within the Clinic.

Educational Psychologist.

As before, Miss Horne has submitted her report on the work in the Canterbury Schools separately, as her work though closely related to the Clinic work with individual children, represents a separate section of the Service.

Follow-up of Child Guidance Treatment.

In November, the Ninth Biennial Child Guidance Inter-Clinic Conference was held in London, under the auspices of the National Association for Mental Health. This is a working Conference, attended by members of Child Guidance Clinics from all over the country. The subject of this year's Conference was "A Follow-up of Child Guidance Treatment". The Medical Director of the Canterbury Clinic was asked to read a paper on "A Four-year follow-up of unselected Child Guidance Cases". Copies of this paper have been submitted to the Chairman of the Sub-Committee and to the Chief Education Officer.

The field work for this follow-up, which involved visiting families and making school and other enquiries in Canterbury and East Kent, was carried out by the psychiatric social workers and the educational psychologist in the late summer and autumn. We were grateful for voluntary help with the clerical work involved, which was kindly given by Mrs. Wollen. The results were collected together and worked out in October and November. Although this is the first time we have made an organised follow-up on old cases, this is really an integral part of Child Guidance work, and as far as time permits the Staff follow-up and record any news of families who have in the past come to the Clinic.

The results of this follow-up showed that an improvement or recovery which had occurred while a child was attending the Clinic, had on the whole been maintained, and that four years afterwards the majority of cases were well adjusted.

A number of interesting and (to us) valuable points emerged from collecting this material, and are described more fully in the paper.

As in former years, the staff wish to record their appreciation of the ready help and interest received from the executive staffs of the Health and Education Departments at Canterbury and at Maidstone.

ELIZABETH WHATLEY,

Psychiatrist.

TABLE C.G.1.
SOURCE OF REFERRAL.

	1950			1951		
	City	N.H.S. and Out of Area	C'ty	City	N.H.S. and Out of Area	C'ty
School Medical Officer	14	—	122	7	1	85
Private Doctors	3	12	36	4	5	23
Court or Probation Officers	2	—	21	1	—	14
Head Teachers or Education Officers	7	3	29	7	4	13
Parent or Foster Parent	2	4	9	5	4	10
Other Clinics or Psychiatrists	2	5	40	2	5	21
Miscellaneous Social Agencies, Infant Wel- fare, etc.	4	2	16	2	1	7
Educational Psychologist	11	—	—	17	—	—
	45	26	273	45	20	173
	344			238		

TABLE C.G.2.
PROBLEMS REFERRED.

	1950			1951		
	City	N.H.S. and Out of Area	C'ty	City	N.H.S. and Out of Area	C'ty
Nervous Disorders, etc.	12	3	32	7	2	44
Habit Disorders	6	5	78	5	5	35
Behaviour Disorders	24	8	128	28	11	71
Educational	1	9	21	4	2	5
Court Cases	—	1	13	—	—	13
Miscellaneous	2	—	1	1	—	5
	45	26	273	45	20	173
	344			238		

TABLE C.G.3.
DISPOSAL OF NEW CASES SEEN.

	1950			1951		
	City	N.H.S. and Out of Area	C'ty	City	N.H.S. and Out of Area	C'ty
Diagnosis and Advice	9	7	50	7	1	46
Diagnosis and Placement	1	3	10	—	1	10
Taken on for Treatment	7	3	36	10	6	73
Taken on for Supervision	14	10	69	17	8	48
Remedial Coaching	1	—	2	—	1	3
Partial Diagnosis	2	—	5	—	1	11
Partial Service	—	—	8	—	—	9
	34	23	180	34	18	200
	137			252		
	55					

TABLE C.G.4.

CASES CLOSED.

1950				1951			
1. Non-Treatment	City	N.H.S. and Out of Area	C'ty	City	N.H.S. and Out of Area	C'ty	
Diagnosis and Advice	7	7	52	6	—	48	
Diagnosis and Placement	1	—	7	—	1	5	
Withdrawn	12	3	29	4	4	21	
Moved Away	—	—	6	—	1	9	
Partial Service	2	—	7	1	—	5	
Placed	—	1	5	1	—	16	
Total 1	22	11	106	12	6	104	
2. Treatment							
Adjusted	6	3	24	6	—	18	
Improved	10	5	60	8	6	43	
No Change	1	—	10	2	—	9	
Un-co-operative	—	1	16	1	3	23	
Total 2	17	9	110	17	9	93	
Total 1 and 2	39	20	216	29	15	197	
Total for Year	275			241			

Waiting Lists—December 31st, 1951

	City	N.H.S. and Out of Area	C'ty
Diagnostic	15	4	51
Treatment	5	5	21

ANNUAL REPORT ON SCHOOLS, 1951 (EDUCATIONAL PSYCHOLOGIST).

In the year 1951, 143 children in all age ranges in the Canterbury schools were given individual intelligence tests and interviews with educational attainment tests, to determine their level and rate of progress in various key subjects relative to their ability.

Of these 131 were given the Revised Stanford Binet test, the results of which are tabulated below:—

I.Q.	Below 70	70-79	80-89	90-99	100-109	110-119	120-129	130-139	140-149	over 150
No. of Boys	2*	5	18	18	9	5	5	2	1	1
No. of Girls	2*	7	14	15	6	7	7	4	2	1
Total Cases	4	12	32	33	15	12	12	6	3	2

Where indicated * further individual tests and retests were given, using various forms of non-verbal and performance tests, and results of these discussed with the Head or Class-teachers concerned.

Regrouped into the usual categories these results fall as below:-

I.Q.	Below 70	70-85	86-115	116-130	131-145	145 and over
	"Feeble Minded" Needing Special Education	"Dull" and requiring special Educational treatment in the Ordinary School	"Average" children suitably placed in the primary and secondary modern schools	"Bright" children	"Very Bright"	"Brilliant or Gifted"
No. of Boys	2	17	37	6	3	1
No. of Girls	2	15	33	9	5	1
Total Cases	4	32	70	15	8	2

Once again, the majority of children brought to notice and examined fall in the "dull" and "low average" groups. They are usually failing to make normal progress educationally in one or more of the basic subjects, and often presenting relative behaviour difficulties or manifestations of strain and anxiety. One of the main reasons for this is the lack of facilities, consequent on large classes and shortage of space for suitable "streaming" and grading of children, by which education according to "age, aptitude and

ability", in its fullest sense, can be made possible for each and every child. But where some form of specialised or remedial teaching, either by "withdrawal" schemes for individual or small-group teaching, or by means of special "opportunity class", exists in the school, the majority of these children shewed either complete adjustment or marked improvement not only in their standard and rate of progress but in social behaviour and increased confidence and maturity.

COMMITTEE MEMBERSHIP.

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COUNCILLOR S. H. JENNINGS, O.B.E.

Health Committee:

Chairman: Councillor W. H. CHESSELL.

City Council Members: Alderman A. W. FOWLER, Alderman MRS. E. M. HEWS, Councillor S. H. JENNINGS, O.B.E. (Mayor), Councillor C. H. De LAUBENQUE, Councillor H. M. KENNY, Councillor MRS. M. A. RICKARDS, Councillor W. THOMAS.

Co-opted or Representative Members: MISS M. SHEEHAN, Matron, Kent and Canterbury Hospital; DR. F. L. CASSIDI, Local Medical Practitioner; DR. F. C. COZENS, Kent and Canterbury Executive Council; MR. E. J. MOUNT, Canterbury Group Hospital Management Committee; MR. J. E. FRENCH, Kent and Canterbury Executive Council.

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City Council Members: Councillor C. H. de LAUBENQUE, Councillor H. M. KENNY.

Co-opted or Representative Members: DR. F. L. CASSIDI, MRS. M. A. SHARPE.

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Representative of Health Committee: Alderman A. W. FOWLER, Alderman MRS. E. M. HEWS, and MISS M. SHEEHAN.

Representatives of Voluntary Organisations: MISS M. CLEMENTS, Canterbury Alford Aid Society; MRS. S. HAWKINS, St. John Ambulance Brigade; MRS. J. S. PECK, British Red Cross Society.

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Other Staff of Health and School Health Services:

Deputy Medical Officer of Health and Assistant School Medical Officer (Part-time): HILDA M. GARLICK, M.B., B.S., D.P.H.

Assistant Medical Officer of Health and Assistant School Medical Officer: MRS. IRENE F. A. BLAKENEY, B.Sc., M.R.C.S., L.R.C.P., M.B., B.S. (Appointed 5th December, 1951).

Dental Surgeon: PAULINE FIGDOR, L.R.C.P., L.D.A.

Chest Physician and Advisor on After Care of Tuberculosis: J. A. ROBSON, M.D., B.Chir., D.P.H.

Approved Officer under Regulations 53 (b) and (c) of the Handicapped Pupils and School Health Service Regulations, 1945:

ELIZABETH WHATLEY, B.Sc., M.B., B.S., M.R.C.S., L.R.C.P. (Maladjustment).

Health Visitors:

MISS G. E. MAGUIRE, S.R.N., S.C.M.

MRS. P. E. MATHEWS, S.R.N., S.C.M., H.V. Cert.

MISS G. M. OTTOWAY, S.R.N., S.C.M.

Tuberculosis Health Visitor: (Part-time, Kent County Council Officer):

MISS E. JOBSON, S.R.N., S.C.M., H.V. Cert.

School Nurses:

MISS A. E. GLASSBOROW, S.R.N., S.C.M.

MISS P. TROY, S.R.N., S.C.M.

Midwives:

M. J. CAPP, S.R.N., S.C.M.

L. P. LYNES, S.C.M.

E. H. OWEN, S.C.M.

E. L. TEMPLETON, S.C.M.

District Nurses: (Canterbury District Nursing Association):

I. PHIPPS, S.R.N.

R. B. NICHOLLS, S.R.N., S.C.M.

M. WOOD, S.R.N., R.M.N., R.M.P.A.

H. INGLEFIELD, S.R.N.

Occupation Centre:

MISS E. FORD (Supervisor).

MRS. E. ACOTT (Assistant).

Duly Authorised Officers and Petitioning Officer (Mental Health):

F. FOWLER.

D. PLEDGE.

Mental Health Social Worker (Part-time): Kent County Council Officer.

Supervisor of Home Help Service (Part-time): MRS. J. M. BARTON.

Child Guidance Clinic:

Educational Psychologist: MISS E. HORNE, Dip. Psych., L.L.A.

Psychiatric Social Workers:

MR. C. WOLLEN, M.H. Cert.

MISS S. INI, M.H. Cert.

MR. A. C. ADAMS, M.H. Cert.

Psycho-Therapist:

MISS S. HARNETT, Dip. Psych. Ass. of Brit. Psych. Soc.

Staff of Public Health Service:

Additional Sanitary Inspectors:

A. R. CLARK, M.R.S.I., M.S.I.A., Meat Inspector's Certificate.

R. G. GOODBODY, M.R.S.I., M.S.I.A., Meat Inspector's Certificate.

Rodent Officers, Disinfectors and General Assistants:

A. TOMPKINS and H. S. COWELL.

Administrative and Clerical Staff to above Services:

Administrative Assistant and Secretary to Care Committee:

D. PLEDGE.

Clerical Officer: MISS E. W. EDGINGTON.

Clerical Staff:

MISS M. CRUMP, MISS P. L. ADDINGTON, MISS M. ING.

MISS M. HUGHES (Public Health).

MISS P. BENNETT (School Health).

MISS J. MARSHALL (School Health, Dental Clinic).

MISS M. HOPKINS and MISS R. DAY (Child Guidance Clinic).

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